

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **0/535357**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9	/						59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14	/						64						
15	/						65						
16		/					66						
17	/						67						
18		/					68						
19		/					69						
20		/					70						
21	/						71						
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24		/					74						
25		/					75						
26		/					76						
27	/						77						
28		/					78						
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30		/					80						
31	/						81						
32	/						82						
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35		/					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	35						TOTAL CLAIMS						